

Are your MRI contrast agents cost-effective?

Learn more about generic Gadolinium-Based Contrast Agents.



AJNR

Atlas of Spine Trauma: Adult and Pediatric

AJNR Am J Neuroradiol 2009, 30 (9) E140

doi: <https://doi.org/10.3174/ajnr.A1713>

<http://www.ajnr.org/content/30/9/E140>

This information is current as
of April 16, 2024.

Atlas of Spine Trauma: Adult and Pediatric

D.H. Kim, S.C. Ludwig, A.R. Vaccaro, and J.-C. Chang, eds. Saunders Elsevier; 2008, 720 pages, 650 illustrations, \$280.00.

In cooperation with 143 authors, Drs Kim and Chang (neurosurgeons) and Drs Ludwig and Vaccaro (orthopedic surgeons) have edited a 720-page *Atlas of Spine Trauma*, which is aimed primarily at trauma surgeons, neurosurgeons, and orthopedic surgeons who care for spine-injured patients, predominantly those acutely injured. As is the situation with an increasing number of books, a CD, which contains all the illustrations in the book, is included.

The book is divided into 7 sections: “Principles of Spine Trauma” (8 chapters), “Cervical Injuries” (18 chapters), “Thoracolumbar Injuries” (13 chapters), “Sacral Injuries” (4 chapters), “Pediatric Spine Injuries” (11 chapters), “Surgical Techniques in Pediatric Spine Fixation” (3 chapters), and “Complex Conditions of the Traumatically Injured Spine” (6 chapters).

Certainly, this is not a book that would be useful in sharpening one’s skills in interpreting posttraumatic spine images. Rather, it is a book giving an indication of the surgical approaches and current concepts in a host of traumatic conditions. Concerning the imaging chapter (19 pages), it needed the help of a radiologist. For example, 1 case of anterior soft-tissue edema is described at the C3 level, but no mention is made of the more crucial finding—an area of cord contusion at C5 with cord swelling. Also, in a case in which a vertebral artery is coiled because of a posttraumatic pseudoaneurysm, the follow-up left vertebral arteriogram with filling of the basilar artery and retrograde filling of the distal right vertebral artery is described as “retrograde flow through the circle of Willis.” In another example, the author describes disruption of the posterior ligamentous complex but never labels the finding either on the spin-echo T2 images or on a low-resolution T2 gradient-echo image (probably incorrectly called a “T2 fat-suppressed image”). For those neuroradiologists with a special interest in spine injury, this book could be of value, particularly when the issue of surgical approaches is discussed and illustrated.

DOI 10.3174/ajnr.A1713